

Notice of Remainder Beneficiary Interest

[Date]

[Name of Annuity Company]
[Address of Annuity Company]
[City, State, ZIP]

RE: Annuity Contract/Policy Number: [Insert Contract or Policy Number]
For the Benefit of: [Insert Medicaid Applicant's, Recipient's, or Spouse's Name]

Dear Sir or Madam:

The purpose of this letter is to notify you that the individual named above has applied for Medicaid long-term care benefits in the State of Colorado. Under federal law (42 U.S.C. 1396p(e)(2)(A)), the Department of Health Care Policy and Financing, as the single state agency responsible for administering the Medicaid program in Colorado, becomes a preferred remainder beneficiary in [Insert Medicaid Applicant's, Recipient's, or Spouse's Name] annuity for the total amount of medical assistance provided to [Insert name of Medicaid applicant or recipient].

As provided for by federal law (42 U.S.C. 1396p(e)(2)(B)), the Department of Health Care Policy and Financing requests that you notify the [Name of County Department of Social/Human Services] at the following address [Insert Address] when the amount of income or principal withdrawn from the annuity changes.

If you have any questions concerning this notice, please contact [Insert Name of County Caseworker] at the [Name of County Department of Social/Human Services] at [Phone Number].

Thank you for your assistance.

Sincerely,

[Name of Caseworker]